U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Managem and Budget No. 1215-0188 Expires 11-30-20

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

Name JAMES FALCONIO

1. File Number U-

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1/1/04 Through: 12/31/04

4. Name, file number, and address of labor organization.

PLUMBERS LOCAL 27

	Labor Organization File Number 016 - 785
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1040 MOUNTOUT WI IND. PARK	Street 1040 MOUNTOUZ W. IND. PAZK
City CORAOPOLIS	city Corzadolis
State PA. ZIP Code + 4 15108	State PA. ZIP Code +4 15/08
5. Position in labor organization. BUSINESS AGENT	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

James Falcomo

724-695-815

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

PGH.

Street 1384 Old FreePort RD. Suite 2A

ZIP Code + 4 (5238

or Consultant

14.b. Amount of payment,